

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J. H.</i>	<i>32</i>	<i>8/28/12</i>
O.I.P.E. CLASSIFIER	<i>Z</i>	<i>5C851</i>	<i>10-04-00</i>
FORMALITY REVIEW	<i>TOP</i>	<i>140</i>	<i>5-29-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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5.73  
04-27-01

# Index of Claims



Application No.

09/641,327

Examiner

Sabiha N. Qazi

Applicant(s)

AGOSTON ET AL.

Art Unit

1616

✓	Rej cted
=	Allowed

-	(Through numeral) Cancell d
+	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date									
Final	Original	5/1/04									
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